



**STATE OF DELAWARE
DEPARTMENT OF TRANSPORTATION
DIVISION OF MOTOR VEHICLES
OFFICE OF PUBLIC CARRIER REGULATION
303 TRANSPORTATION CIRCLE
P.O. DRAWER E
DOVER, DELAWARE 19903**

Phone: (302) 744-2706 Fax: (302) 739-7808

New Vehicle/Vehicle Swap Form

Company Name: _____
Company Contact: _____
Contact Phone Number: _____ Docket Number: _____

New Vehicle

Year: _____ Make: _____ Model: _____
Vehicle Identification Number: _____
License Plate Number: _____ Contract# _____
Medallion Number: _____ Number of Passengers: _____

Old Vehicle

Year: _____ Make: _____ Model: _____
Vehicle Identification Number: _____
License Plate Number: _____
DeIDOT Number: _____ Number of Passengers: _____

I hereby assert that the above LX / TX plate _____ is no longer in the possession of the above named Public Carrier, and is not in the possession of any entity operating as a Public Carrier, as defined by Delaware Law.

Company Representative (Print)

Company Representative (Signature)

Changes to fleet will not be processed unless an authorized company representative signs this form. Please include a copy of the vehicles registration card, insurance card, a passing DMV inspection form and a check made payable to DeIDOT. Vehicle fees: \$20.00. Note: DMV Inspection not required for NEW model vehicles.

(For use by the Office of Public Carrier Regulation only)

Date Received: _____

Entered By: _____